

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES**

DATE: February 2-3, 2011

LOCATION: Doubletree Guest Suites
2085 S. Harbor Blvd.
Anaheim, CA 92802

PRESENT: Jeannine Graves, RN, President
Judy L. Corless, BSN, RN
Catherine M. Todero, PhD, RN
Kathrine M. Ware, RN, MSN, ANP-C
Richard L. Rice
Doug Hoffner

NOT PRESENT: Dian Harrison, MSW
Erin Niemela (2/3 only)
Darlene Bradley, MSN, CNS, RN

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Don Chang, DCA Legal Counsel
Stacie Berumen, Enforcement Division Chief
Christina Sprigg, Administration Manager
Carol Stanford, Diversion Program Manager
Bobbi Pierce, Lead, Licensing Program
Janette Wackerly, NEC
Miyo Minato, NEC
Kelly McHan, NEC
Leslie Moody, NEC
Shelley Ward, NEC
Katie Daugherty, NEC
Kim Ott, Legal Desk Analyst
Laura Brann, Recorder
Julie Campbell-Warnock, Research Program Specialist
Christopher Ruiz, Administrative Law Judge
Diane Derkervor, Deputy Attorney General

Wednesday, February 2, 2011

CALL TO ORDER

J. Graves, Board President, called the meeting to order at 9:02 am and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

Genevieve Clavreul, RN

James Underdown, Center for Inquiry provided a comment.

3.0 Election of Vice President:

Doug Hoffner was elected Vice-President of the Board for 2011. 4/1/0

4.0 Review and Approve Minutes:

➤ November 17, 2010, Board Meeting

MSC: Corless/Hoffner that the Board approves minutes from November 17, 2010. 6/0/0

5.0 Report on Board Members' Activities

Kathrine Ware attended the webcast, on November 30, 2010, National Summit for the kick off of *Future of Nursing Campaign for Action*. The Summit was held in Washington D.C. and the webinar for Northern California was at UC Davis. Several other webcasts were held throughout the state. Primarily, this session was for brainstorming, attended by stakeholders from hospitals, clinics, academia, professional nursing groups, public health, regulatory and government agencies, business and consumer groups, physicians, work force folks, etc. The immediate target is the educational, training and practice issues that prevent nurses from serving as full partners in the delivery of quality health care. The ultimate goal of the Campaign for Action is to ensure a health care system that provides all Americans access to high-quality, patient-centered care where they live and work, learn and play.

Kathrine Ware attended on January 12, 2010, NCSBN APRN Summit in San Diego. It was held as part of the National Councils efforts to promote adoption of the Consensus Model for APRN Regulation. Summit had representation from 51 member Boards. It was a very dynamic meeting, great presentations.

6.0 Board and Department Activities

6.1 Executive Officer Report

Louise Bailey presented this report

Board Member – Nancy Beecham

Nancy Beecham was appointed to the Board on December 28, 2006 by Governor Arnold Schwarzenegger and served as the Nurse Administrator member of the board. The members of the Board and staff extend a sincere thank you to her for the work that she did to protect the healthcare of consumers in California.

Board's Budget Update

2011/2012 BRN Budget and Reserve

Governor's budget for FY 2011/2012 is \$29.2 million with 136.1 net personnel years (PYs) after salary savings. The Board's fund condition shows a reserve for current year 2010/2011 of 6.6 months. However, the Board did not begin collecting the new approved fees on January 1, 2011 as originally projected. Therefore, total revenue for 2010/2011 may be lower than the \$25.5 that is shown on the Governor's budget.

Current Year AG Budget

Pursuant to the Budget Bill Language in item 110-402, and based on the FY 2010-11 expenditure projections (thru Dec. 2010), the Board is requesting a total augmentation of \$2.6 million, i.e., \$2.3 million for the Attorney General line and \$288,000 for the Office of Administrative Hearings line. Assuming that its enforcement costs do not exceed currently projected, this augmentation request would also allow for a Minimal 1% reversion.

Department of Consumer Affairs (DCA) Updates

DCA Appointments – Kimberly Kirchmeyer, Deputy Director for Board/Bureau Relations has been asked to also serve as Acting Chief Deputy Director. Kim's extensive program experience, strong leadership, and superior work ethic has been critical to the department's overall success. Kim will serve as the Acting Chief Deputy Director until the Governor appoints a successor behind Bill Young who recently retired.

LaVonne Powell, Senior Staff Counsel has been asked to join the executive Office and serve as Senior Advisor to the Director. For many years, LaVonne distinguished herself in the legal office and the department having served as staff counsel for most of our boards, bureaus, and programs.

Executive Order B-1-11 - Governor Brown issued executive order B-1-11 that directs a 50% statewide reduction of cell phones. DCA directed all Boards, Bureaus, Divisions and other DCA entities to review their cell phone assignments and identify a plan to reduce the number of units in service by 50% to achieve the Governor's goal. The DCA required all Boards, Bureaus and Divisions to submit their plans by January 18, 2011, with return of all cell phones identified by February 1, 2011. The BRN has submitted our plan and has identified the required reduction. Those phones have been collected and will be returned to DCA on February 1, 2011 as requested.

BRN Office Relocation Update

DCA Facilities Management Unit continues to work with board staff to finalize the ordering of modular furniture for the newly acquired office space for the Board. Staff is also working with the Office of Information Services and DCA Purchasing units to ensure all equipment needs will be met at the new location. It is anticipated that the move will take place mid 2011.

Board Member Orientation - In accordance with Business and Professions Code Section 453, Board Members are required to attend DCA's Board Member Orientation within one year of their appointment. The next Board Member Orientation is set for Wednesday, March 2, 2011, at DCA Headquarters in Sacramento from 9:00 am to 4:30 pm. Please notify the Administration Unit if you would like to attend.

Hiring Freeze

The Governor's Office has directed all state agencies to continue to cease all new hires that include filling vacancies, promotions, hiring temporary help, and board appointments. At this time the board has 47 vacancies, 36 CPEI positions and 11 non-CEPI positions. The Board continues to advertise positions in light of the freeze and is trying to fill positions using the allowed departmental transfer method.

Sunset Report Update

The final 2010 Sunset Review Report: Addendum was completed and distributed to the appropriate legislative offices, Board members and staff on January 7, 2011. The report was also added to the BRN website on January 12, 2011. The report is an addendum to the 2010 Sunset Report which was submitted on October 1, 2010 and focuses on workload and staffing resources in seven critical program areas at the BRN.

The hearing date for the BRN Sunset review is scheduled for March 14, 2011.

Enforcement Regulation

At its May 2010 meeting, the Board voted to promulgate enforcement related regulations. The regulatory packet, including the notice, initial statement of reasons, and proposed language, was submitted to the Office of Administrative Law (OAL) and the notice was published in the January 14, 2011, California Regulatory Notice Register. The documents are available on the BRN website, www.rn.ca.gov and a public hearing is scheduled for March 3, 2011, at 10:00 am in Sacramento. The Board has one year from the publication date of the notice to submit the final rulemaking file to OAL.

APRN Survey Update

The BRN is working with Joanne Spetz and other research staff from the University of California San Francisco (UCSF), Center for the Health Professions to complete a survey of California Nurse Practitioners, Certified Nurse-Midwives and Clinical Nurse Specialists. The purpose of the survey is to learn information about demographics, education, employment and practice from these advanced practice nurses in California. There has not been much data collected from these advanced practice registered nurses nationally or in other states so there is interest nationally in the collected data. The survey was sent to 2,250 California Nurse Practitioners (NPs) and Certified Nurse Mid-wives (CNMs) and 750 Clinical Nurse Specialists (CNSs) in October 2010 and data was collected until mid-January 2011. There was an excellent response rate, approximately 60% from NPs and CNMs and approximately 70% from CNSs. Data from the surveys will be analyzed and a report completed by UCSF. Findings will be discussed at the June 2011 Board meeting.

Public Record Request

The Board continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of November 9, 2010 through January 21, 2011, the Board has received and processed 77 public record requests.

In January DCA received a public records request (PRA) from KCRA-TV Channel 3, Sacramento which asked for records pertaining to any and all promotional items, giveaways and / or trinkets purchased by DCA or its Boards or Bureaus from calendar years 2007-10 or Fiscal Years 2007-08, 2008-09 and 2009-10. The BRN did not purchase any type of promotional items during these years. The DCA anticipates there will be a news story related to this PRA request.

Board Member Correspondence

For the period of November 6, 2010 through January 21, 2011, the Board did not receive any Board Member correspondence.

Personnel

The following personnel changes have transpired since the last Board Meeting:

New Hires	Classification	Board Program
Stephanie Morrison	Program Technician II	Call Center
Yadira Quintana	Office Technician	Enforcement
Lisa Hall	Staff Services Analyst	Enforcement

Transfer	Classification	Board Program
Laura Brann	Staff Services Analyst	Administration

Separations	Classification	Board Program
Dawn Kammerer	Administrative Assistant	Administration
Shannan Borton	AGPA	Enforcement
Elizabeth Ha	Office Technician	Cashiering

The following people provided a comment:

Genevieve Clavreul, RN

Trisha Hunter, ANA-C

6.2 DCA Directors Report

Brian Stiger, Director of DCA presented the following report

Transition/Hiring Freeze

- Transition - In regards to the transition, there haven't been a lot of appointments. There currently is no Agency Secretary or Undersecretary at the State and Consumer Services Agency (the entity providing oversight to the Department), which means some

regulation packages are pending review at the Agency. At this time, I have been asked to continue at the Department, and continue to move items forward including the Consumer Protection Enforcement Initiative and the implementation of any executive order.

- Hiring Freeze - The Department sought clarification from this new administration and it was determined that the Department needs to continue with the hiring freeze as originally established. Therefore, the Department will continue to only allow interdepartmental transfers.
- At this time, an exemption process hasn't been clearly identified. However, the Department has continued to pursue freeze exemptions for critical positions (specifically CPEI, BPPE, Licensing).

Cell Phones

- Cell phones - An executive order was issued January 11 requiring a decrease in cell phones and smart phones by 50%. The Department is working to implement that executive order as quickly as possible. The Boards and Committees have submitted their reduction plans to the Department and we requested this plan be implemented by yesterday. The Governor stated in the Executive Order that "Because of contract obligations, it is possible that we may not be able to eliminate all 48,000 cell phones by June 1, but it is also conceivable that we can do it earlier – and that is my hope." Therefore, the Director is trying to implement this order as soon as possible in order to begin savings and meet the goal of this order. We have looked at the contracts and found that we can do this earlier without any penalties for early termination.

Expert Consultants

- The department is changing the way it invoices and pays its expert consultants. It has been determined that all individuals that perform the expert reviews of the enforcement cases and assist with examination development need to have a contract with the Board and Department. Therefore, we are asking the Boards to move forward with contract requests for all of these individuals in order to meet this new requirement. The Department understands that this requires staff time, and is willing to assist the Board through this process as much as possible. It was recently identified that the process would take 60 business days; however, we have discussed this timeframe and believe that if we get the contracts on an ongoing basis, then this timeframe would be drastically shortened. Additionally there would be times when expedite contracts would have to be completed. We understand that this Board will be discussing later today a legislative amendment to exempt the Board from the contract provisions and know that this would be very helpful. In addition, the Senate B&P Committee has also shown an interest in carrying some type of legislative fix.

Going Green/Paperless

- In reviewing your packet I saw that you were going to be talking about going paperless for the members. There are several boards that are doing the same and we encourage the boards to move in this direction. We believe it will save a lot of paper and staff time in putting the packets together.

Consumer Protection Enforcement Initiative

- The Department encourages this Board to move forward with regulations to allow the executive officers the ability to expedite the Board's investigation and prosecution processes. We recommend that you discuss these regulations and set them for a hearing as soon as possible and move through the regulatory process expeditiously in order to provide you with more tools to assist with your enforcement processes.
- The Department is gathering the second set of performance measurements and will be posting them to our Website the first week of February. These performance measurements provide for transparency to the public. The Department encourages all the members to go to the Web site to see the time frames and other activities being measured for the Board.
- The Department also encourages the Board Members to review all the statistics provided to you regarding enforcement. (The statistics provided in the report are good)

BREEZE

- The BreZE project continues to move forward. As previously stated, Debbie Balaam is willing to provide a presentation on this project to your Board. We have finished the working sessions with the two prequalified vendors and the subject matter experts at the Boards. The final Request for Proposal with the finalized requirements has been released and we are anticipating bid submissions in February. We still plan to have a vendor in place by July or August 2011.

SB1441

- The Department continues to encourage the Board to implement the SB 1441 Uniform Standards and incorporate the necessary language into regulations. I know you will be discussing this later today, and we request you move forward to begin the regulatory process for those that require regulations. If any standards can be implemented without regulations, then again we ask that these be done as soon as possible. We have been told that the implementation of SB1441 will be an item that is brought up during sunset review hearings.

7.0 Report of the Administrative Committee

Jeannine Graves, RN, Chairperson

7.1 BRN study of California RNs on probation 2004-2005

Overview deferred to next meeting due to unavailability of presenter.

7.2 Feasibility of Paperless Board Packet

The Board president discussed the feasibility of the board going to paperless board meeting packets, petition hearing documents and closed session discussion documents. Also, discuss the use and availability of personal laptops vs. board laptops.

The following people provided a comment:

Brian Stiger, Director DCA

Genevieve Clavreul, RN

8.0 Report of the Legislative Committee

Dian Harrison, MSW, Chairperson

8.1 2009-2010 Goals and Objectives: Summary of Accomplishments

L. Bailey presented this report

GOAL 1: Keep the Board of Registered Nursing informed about pertinent legislation and regulations that may affect nursing practice, education, and nurses' roles in the delivery of health care and administrative functions of the Board.

OBJECTIVE: 1.1 Analyze legislative proposals and make position recommendations to the Board at each Board meeting.

The committee provided information and analyses of each bill followed, and made recommendations to the Board at each Board meeting.

During the 2009/2010 Legislative Session, many bills of general interest to the Board or those having potential impact on the administration of the Board were followed. Although these bills address many subjects, each affects registered nursing in some way. There were fifty-five (55) bills followed by the Board, seventeen (17) were signed into law by the Governor, six (6) were vetoed and thirty-two (32) failed in committees or were no longer applicable to the Board.

GOAL 2: Monitor current legislation on behalf of the Board.

OBJECTIVE: 2.1 Advocate for or against legislation as directed by the Board.

The committee monitored legislative bills relative to the Board and committee staff advocated for bills supported by the Board and voiced the concerns of the Board for those bills in opposition.

- Committee staff continued to respond to public inquires concerning bills followed by the Board.
- Numerous legislative Committee hearings, concerning bills followed by the Board, were attended.

OBJECTIVE: 2.2 Review and suggest appropriate amendments as necessary.

The committee staff participated in recommending and writing amendments to specific bills relative to Board action.

- Committee staff attended legislative meetings and communicated with legislator's staff to articulate the Board's position on specific bills.
- Committee staff sent letters to various senators and assembly members expressing the Board's position of support or opposition to their respective bills.
- The Governor was sent letters requesting that specific bills, relative to the Board of Registered Nursing and consistent with Board's action, be signed or vetoed.

GOAL 3: Serve as a resource to other Board Committees on legislative and regulatory matters.

OBJECTIVE: 3.1 Assist other Board Committees in reviewing legislative regulatory proposals. The committee staff served as a resource to other Board Committee members and committee liaisons concerning legislative issues that impacted their respective committees. The following are examples of issues and projects on which the Committee staff collaborated with other committees and/or staff:

- Cosmetic Surgery (Carter) - Nursing practice Committee
- Pupil Health Fletcher) – Nursing Practice
- Postsecondary Education (Fuller) – Education/Licensing Committee
- California State University: Doctor of Nursing Practice degree pilot program – Education/Licensing Committee
- Postsecondary Education: student transfer – Education/Licensing Committee
- Pilot Program for Innovative Nursing and Allied Health Care – Licensing /Education Committee
- Professions and Vocations: license: military service – Education/Licensing Committee
- California Community Colleges: student transfers – Education/Licensing Committee
- Licensing Boards: disciplinary action – Diversion/Discipline Committee
- Regulatory Boards: diversion programs – Diversion/Discipline Committee
- Department of Consumer Affairs: regulatory boards – Administrative Committee

GOAL 4: Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.

OBJECTIVE: 4.1 Evaluate additional resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.

Staff utilized the California Legislative Information maintained by the Legislative Council on the Internet, as well as State Net. Legislative publications from various associations, and state publications, were also used as resources for legislative activities.

OBJECTIVE: 4.2 Maintain consistent dialogues with Department of Consumer Affairs (DCA) Legislative Unit, Legislators and their staff.

The committee was proactive in identifying and monitoring legislation relative to the Board.

- Committee staff communicated frequently and regularly with DCA Legislative staff to identify proposed legislation and its potential impact on the BRN.
- Committee staff met and communicated frequently with organizations, and sponsors of legislation to articulate and clarify issues relative to the BRN.
- Committee staff met with the Associate Degree Nursing Program Directors and the Baccalaureate Degree Nursing Program Directors and presented proposed legislation that impacted the programs.
- Committee communicated with other state departments, relative to legislation impacting the BRN.

8.2 2009-2010 Legislative Session Summary

L. Bailey presented this report

During the 2009-2010 Legislative Session, many bills of general interest to the Board or those having potential impact on the administration of the Board were followed. Although these bills address many subjects, each affects registered nursing in some way. There were fifty-five (55) bills followed by the Board, seventeen (17) were signed into law by the Governor, six (6) were vetoed and thirty-two (32) failed in committees or were no longer applicable to the Board. The following is a brief description of the chaptered bills followed by the Board. Unless otherwise stated, the statutes of 2009 became effective January 1, 2010, and the statutes of 2010 became effective January 1, 2011.

AB 48 (Portantino & Niello)
Chapter 310, Statutes of 2009
Private postsecondary education: DCA

AB 48 revises and recasts the Private Postsecondary and Vocational Education Reform Act of 1989 into the California Private Postsecondary Education Act of 2009, provides for the transition to the bureau for the Private Postsecondary Education, outlines its responsibilities, provides for the approval, regulation, and enforcement of private postsecondary educational institutions, establishes reporting requirements, and repeals the Act on January 1, 2016.

AB 116 (Carter)
Chapter 509, Statutes of 2009
Cosmetic Surgery

AB 116 enacts the Donda West Law, which prohibits the performance of an elective cosmetic surgery procedure on a patient unless, within 30 days prior to the procedure, the patient has received an appropriate physical examination by, and has received written clearance for the procedure from, a licensed physician and surgeon, a certified nurse practitioner, or a licensed physician assistant, as specified, or, as applied to an elective facial cosmetic surgery procedure, a licensed dentist or licensed physician and surgeon. It requires the physical examination to include the taking of an appropriate medical history, to be confirmed on the day of the procedure.

AB 867 (Nava)
Chapter 416, Statutes of 2010
California State University: Doctor of Nursing degree pilot program

AB867 permits the California State University to establish a Doctor of Nursing Practice degree program at campuses chosen by the Board of Trustees to award the Doctor of Nursing Practice degree. The enrollment is limited to no more than 90 full-time students at

all three campuses combined. It requires the California State University, the Legislative Analyst's Office, and the Department of Finance to jointly conduct a statewide evaluation of the degree pilot program and report the results to the Legislature and the Governor on or before January 1, 2017.

AB 1071 (Emmerson)
Chapter 270, Statutes of 2009
Professions and Vocations

AB 1071 amends, adds, and repeals sections of the Business and Professions Code, relating to professions and vocations. It provides Sunset extensions for several boards, including the Board of Registered Nursing. The Board of Registered Nursing will sunset January 1, 2013.

AB 1295 (Fuller)
Chapter 283, Statutes of 2009
Postsecondary education: nursing degree programs

AB 1295 requires the Chancellor of the California State University to implement articulated nursing degree transfer pathways between the California Community Colleges and CSU prior to the commencement of the 2012–13 academic year. It requires the articulated nursing degree transfer pathways to meet prescribed requirements and authorizes the Chancellor of the California State University and the Chancellor of the California Community Colleges to appoint representatives from their respective institutions to work collaboratively to provide advice and assistance relating to prescribed topics. It also requires the Legislative Analyst's Office, by March 15, 2011, to prepare and submit to the Legislature and Governor a report on the status of plans to implement the articulated nursing degree transfer pathways.

AB 1937 (Fletcher)
Chapter (203), Statutes of 2010
Pupil Health: immunizations

AB 1937 authorizes registered nurses, nurse practitioners, physician assistants, licensed vocational nurses and student nurses (under the supervision of a registered nurse) to administer immunizations within the course of a school immunization program. The provisions take effect immediately as an urgency statute.

AB 2344 (Nielson)
Chapter (208), Statutes of 2010
Nursing: approved schools

AB 2344 provides for a school, seeking approval to start a nursing program, which is not an institution of higher education, to make an agreement with an “institution of higher education” that grants an associate of arts degree or an associate of science degree.

AB 2385 (Perez)

Chapter (679), Statutes of 2010

Pilot Program for Innovative Nursing and Allied Health Care Profession
Education at the California Community Colleges

AB 2385 establishes the Pilot Program for Innovative Nursing and Allied Health Care Profession Education at the California Community Colleges under the administration of the Office of the Chancellor of the California Community Colleges, to facilitate the graduation of community college nursing and allied health students by piloting innovative models to expand the state's capacity to prepare a qualified health care workforce.

AB 2500 (Hagman)

Chapter 389, Statutes of 2010

Professions and Vocations: licenses: military services

AB 2500 waives the penalty fee for late renewal of any type of state license, for any profession subject to regulation by any board, bureau, or entity within the Department of Consumer Affairs for a member of the California National Guard or the United States Armed Forces, who was on active duty at the time of the lapse of the license.

AB 2699 (Bass)

Chaptered (270), Statutes of 2010

Healing Arts: licensure exemption

AB 2699 exempts out-of-state licensed healthcare practitioners from California licensure requirements, until January 1, 2014, when participating in a free healthcare event sponsored by an approved nonprofit organization. It requires the sponsoring entity and all participating out-of-state healthcare practitioners to meet specified requirements, and register in advance with the appropriate licensing board and comply with California law during the event.

AB 2783 (Committee on Veterans Affairs)

Chaptered (214), Statutes of 2010

Professions and Vocations: military personnel

AB 2783 requires state boards to consult with the Military Department before adopting rules and regulations related to the education, training, and experience obtained in the

armed services and how it can meet licensure requirements for occupations and professions licensed and regulated under the Department of Consumer Affairs.

SB 112 (Oropeza)
Chapter 559, Statutes of 2009
Hemodialysis Technicians

SB112 revises the training requirements for certified hemodialysis technicians (CHT) and prohibits an individual from providing services as a hemodialysis technician without being certified by the Department of Public Health as a CHT. It requires the individual to meet certain educational and work requirements, including the successful completion of a training program approved by the medical director and governing body of a hemodialysis clinic or unit, under the direction of a registered nurse.

SB 294 (Negrete McLeod)
Chaptered (695), Statutes of 2010
Department of Consumer Affairs: regulatory boards

SB 294 changes the sunset review date on various boards, bureaus, and programs within the Department of Consumer Affairs, including the Board of Registered Nursing. The sunset date for the BRN is January 1, 2012 instead of January 1, 2013.

SB 819 (Committee on Business, Professions, and Economic Development)
Chapter 308, Statutes of 2009
Professions and vocations

SB 819 requires a petition by a registered nurse whose initial license application is subject to a disciplinary decision to be filed after a specified time period from the date upon which his or her initial license was issued.

It also authorizes the implementation of standardized procedures that expand the duties of a nurse practitioner in the scope of his or her practice, as follows:

- Order durable medical equipment, subject to any limitations set forth in the standardize procedure.
 - Certify a disability, after performance of a physical examination and collaboration with a physician.
 - Approve, sign, modify, or add to a plan of treatment or plan of care, for individuals receiving home health services or personal care services, after consultation with the treating physician.
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SB 1172 (Negrete McLeod),
Chaptered (517), Statutes of 2010
Regulatory Boards: diversion programs

SB 1172 requires a healing arts board to order a licensee to cease practice if the licensee tests positive for any prohibited substance under the terms of the licensee's probation or diversion program. It also authorizes a board to adopt regulations authorizing it to order a licensee on probation or in a diversion program to cease practice for major violations of probation or the diversion program, when the board orders a licensee to undergo a clinical diagnostic evaluation. The Diversion Program, within the Board of Registered Nursing, is exempt from these provisions.

SB 1440 (Padilla)
Chapter (428), Statutes of 2010
California Community Colleges: student transfers

SB 1440 enacts the Student Transfer Achievement Reform Act, commencing with the 2011–12 academic year. It requires a student that earns an associate degree for transfer to be deemed eligible for transfer into a California State University baccalaureate program when the student meets prescribed requirements. It requires the California State University to guarantee admission with junior status to any community college student who meets the requirements for the associate degree for transfer.

8.3 2011-2012 Goals and Objectives for the two year Legislative Session

L. Bailey presented this report

GOAL 1: Keep the Board of Registered Nursing informed about pertinent legislation that may affect nursing practice, education, nurses' roles in the delivery of health care and administrative functions of the Board.

OBJECTIVE: 1.1 Analyze legislative proposals and make position recommendations to the Board at each Board meeting.

GOAL 2: Monitor current legislation on behalf of the Board.

OBJECTIVE: 2.1 Advocate for or against legislation as directed by the Board.

OBJECTIVE: 2.2 Review and suggest appropriate amendments as necessary.

GOAL 3: Serve as a resource to other Board Committees on legislative and regulatory matters.

OBJECTIVE: 3.1 Assist other Board Committees in reviewing legislative and regulatory proposals.

GOAL 4: Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.

OBJECTIVE: 4.1 Evaluate resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.

OBJECTIVE: 4.2 Maintain consistent dialogue with DCA legislative unit, legislators and their staff.

OBJECTIVE 4.3 Provide testimony to the Legislature, on behalf of the Board, as requested.

8.4 Positions on Bills of Interest to the Board and any other Bills of Interest to the Board introduced during the 2011-2012 Legislative Session.

L. Bailey presented this report

AB 30 Hayashi: Health Facilities: security plans

MSC: Graves/Todero that the Board support AB 30. 5/0/1

The following people provided a comment on AB 30:

Kelly Green, CNA

Trisha Hunter, ANA-C

AB 40 Yamada: Elder abuse: reporting

MSC: Ware/Rice that the Board watch AB 40. 6/0/0

SB 65 Strickland: Pupil health: prescription pancreatic enzymes

MSC: Rice/Hoffner that the Board watch SB 65. 6/0/0

The following people provided a comment on SB 65:

Nancy Spradley, California School Nurses Association

Kelly Green, CAN

SB 100 Price: Healing Arts

MSC: Corless/Rice that the Board watch SB 100. 6/0/0

The following people provided a comment on SB 100:

Trisha Hunter, ANA-C

Melanie Balestra, California Association of Nurse Practitioners

8.5 Omnibus Bill – Proposed Legislation

L. Bailey presented this report

Business and Professions Code 2736.5

This proposal would delete “experience” from the criteria the Board would use to grant licensure. This language is outdated, and inconsistent with other code sections. Experience, as it pertains to the requirements for licensure is inappropriate terminology.

Everyone, including military personnel, is required to meet the qualifications, as referenced in Business and Professions Code section 2736.

2736.5. Qualifications of persons serving in medical corps of armed forces; Records and reports

(a) Any person who has served on active duty in the medical corps of any of the armed forces of the United States and who has successfully completed the course of instruction required to qualify him for rating as a medical service technician-independent duty, or other equivalent rating in his particular branch of the armed forces, and whose service in the armed forces has been under honorable conditions, may submit the record of such training to the board for evaluation.

(b) If such person meets the qualifications of paragraphs (1) and (3) of subdivision (a) of Section 2736, and if the board determines that his education ~~and experience~~ would give reasonable assurance of competence to practice as a registered nurse in this state, he shall be granted a license upon passing the standard examination for such licensure.

(c) The board shall, by regulation, establish criteria for evaluating the education ~~and experience~~ of applicants under this section.

(d) The board shall maintain records of the following categories of applicants under this section:

(1) Applicants who are rejected for examination, and the areas of such applicants' preparation which are the causes of rejection.

(2) Applicants who are qualified by their military education ~~and experience~~ alone to take the examination, and the results of their examinations.

(3) Applicants who are qualified to take the examination by their military education ~~and experience~~ plus supplementary education, and the results of their examinations.

(e) The board shall attempt to contact by mail or other means individuals meeting the requirements of subdivision (a) who have been or will be discharged or separated from the armed forces of the United States, in order to inform them of the application procedure provided by this section. The board may enter into an agreement with the federal government in order to secure the names and addresses of such individuals.

Business and Professions Code 2770.7

This proposal would clarify existing law, by referencing the exception of a board investigation relating to substance abuse. It would add the language unless the registered nurse is accepted into the diversion program and is successful in the program pursuant to subsection (c).

2770.7. Establishment of criteria for acceptance, denial, or termination of registered nurses in program

(a) The board shall establish criteria for the acceptance, denial, or termination of registered nurses in the diversion program. Only those registered nurses who have voluntarily requested to participate in the diversion program shall participate in the program.

(b) A registered nurse under current investigation by the board may request entry into the diversion program by contacting the board. Prior to authorizing a registered nurse to enter into the diversion program, the board may require the registered nurse under current investigation for any violations of this chapter or any other provision of this code to execute a statement of understanding that states that the registered nurse understands that his or her violations that would otherwise be the basis for discipline may still be investigated and may be the subject of disciplinary action, unless the registered nurse is accepted into the diversion program and is successful in the program pursuant to subsection (c).

(c) If the reasons for a current investigation of a registered nurse are based primarily on the self-administration of any controlled substance or dangerous drug or alcohol under Section 2762, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drug for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the registered nurse is accepted into the board's diversion program and successfully completes the requirements of the program. If the registered nurse withdraws or is terminated from the program by a diversion evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

(d) Neither acceptance nor participation in the diversion program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any registered nurse for any unprofessional conduct committed before, during, or after participation in the diversion program, unless the registered nurse is accepted into the diversion program and is successful in the program pursuant to subsection (c).

(e) All registered nurses shall sign an agreement of understanding that the withdrawal or termination from the diversion program at a time when the program manager or diversion evaluation committee determines the licensee presents a threat to the public's health and safety shall result in the utilization by the board of diversion treatment records in disciplinary or criminal proceedings.

(f) Any registered nurse terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the diversion program. A registered nurse who has been under investigation by the board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the board.

Business and Professions Code 2786(b)

This proposal would amend existing law to require all nursing schools to provide clinical instruction in all phases of the educational process. Currently, all board approved schools provide clinical instruction in their programs and are required to do so to meet the Board's curriculum requirements, as set forth in regulation.

It would replace the word "encourage" with "require."

2786(b) Approval of Schools

(b) The board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the Minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse. The board's standards shall be designed to ~~encourage~~ require all schools to provide clinical instruction in all phases of the educational process.

Business and Professions Code 2836.2

This proposal would correct an error in existing law that cites an incorrect and nonexistent code section. The section of code currently cited does not exist, nor has it ever existed. SB 816 (Escutia, Chaptered 749, Statutes of 1999) incorporated the incorrect citation. The incorrect citation was never changed throughout the history of the bill.

2836.2. What constitutes furnishing or ordering of drugs or devices

Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section ~~2831.1~~ 2836.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

8.6 Exemption from Public Contracts Code: Personal Services - Expert Witness

L. Bailey presented this report

We were notified by the Department of Consumer Affairs that in order to comply with California laws, all expert witnesses for a board must enter into a personal services contract in order to provide investigative reviews and expert reports.

Below is an example of the Expert Witness Contract Exemption.

EXAMPLE FROM THE MEDICAL BOARD Expert Reviewer Language

Amend the Business and Professions Code, as follows:

2024. (a) The board may select and contract with necessary medical consultants who are licensed physicians and surgeons to assist it in its programs. Subject to Section 19130 of the Government Code, the board may contract with these consultants on a sole source basis. A contract executed pursuant to this subdivision shall be exempt from the provisions of Part 2 (commencing with Section 10100) of the Public Contract Code.

(b) Every consultant retained under this section for a given investigation of a licensee shall be a specialist, as defined in subparagraph (B) of paragraph (5) of subdivision (h) of Section 651.

2332. (a) The ~~board~~ Division of Medical Quality or the Health Quality Enforcement Section of the office of the Attorney General may establish panels or lists of experts as necessary to assist them in their respective duties. When the ~~board~~ Division of Medical Quality or the Health Quality Enforcement Section seeks expert assistance or witnesses, and the use of voluntary services is impractical, they may retain experts to assist them, and to prepare and present testimony as appropriate, at prevailing market rates. The board shall establish policies and procedures for the selection and use of those experts, and an agreement executed between the board and an expert for the provision of expert services or testimony shall be exempt from the provisions of Part 2 (commencing with Section 10100) of the Public Contract Code.

(b) The ~~board~~ Division of Medical Quality may also adopt regulations to create a system of volunteer physicians and others in committees or panels to assist the board in any of the following functions:

(1) Monitoring of licensees who have been disciplined and are subject to terms and conditions of probation or diversion.

(2) Evaluation and administration of competency examinations.

(3) Assistance to practitioners with special problems.

(4) Supervision of licensees with practice restrictions.

(5) Advice regarding policy options and preventive strategies.

(c) Commencing January 1, 1994, any reference to a medical quality review committee shall be deemed a reference to a panel of the Division of Medical Quality.

MSC: Corless/Rice Move to watch to ensure what is reasonable with the contractors and also review the financial impact to the board. 5/0/1

9.0 Report of the Diversion/Discipline Committee Richard Rice, Chairperson

9.1 Nursys Discipline Data Comparison (Scrub) Update S. Berumen presented this report

The Probation Program continues to work on the Nursys discipline data comparison project and will continue to do so until all records have been reconciled against California's records.

Currently, 1,805 records have been reviewed on the active license list. Determination was made whether the cases warranted a request for the other state's discipline documents. This review resulted in 1,050 requests for out-of-state documents. The documents will be evaluated and a decision made as to the appropriate action needed.

Review of the inactive license spreadsheet is in progress and will continue until complete. Holds have been placed on 1,915 inactive records to alert staff when a nurse on the list attempts to activate their license. This alert will allow staff to immediately request and

review the records to determine if out-of-state discipline documents are needed for possible action on the license.

The status of the documents reviewed:

Referred to the Attorney General	262
Pleadings Received	215
Notices of Defense Received	118
Referred to Cite and Fine	47
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	450
Settlement or Decision Pending	108

As of November 30, 2010, the BRN has expended \$293,210.00 at the AG's office for the Nursys scrub cases. BRN has spent an average of \$58,642.00 per month so far.

The National Council of State Boards of Nursing (NCSBN) announced at its Annual Meeting on or about August 12, 2010, a new process in development for non-licensure participating boards to participate in sharing discipline information. The NCSBN Board of Directors met on December 7-9, 2011, to have a final discussion and vote on this modified member participation. The Board of Directors voted to allow non-licensure member boards to upload their licensing data into Nursys so we will have access to other states discipline as soon as it happens. The Board of Directors is still considering what type of nominal payment will be required, if any, at their February 2011 meeting. Any additional information will be provided once received.

9.2 Internet Disclosure Policy – Enforcement Action

S. Berumen presented this report

The Board of Registered Nursing (BRN) began posting discipline information on its web site in 2006. This was done in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code). The BRN provides this information to better inform and protect California's health care consumers.

Business and Professions Code Section 27 requires a number of boards and bureaus under the direction of the Department of Consumer Affairs, to post information regarding licensees on their web sites. The BRN is not included in this code section.

BRN provides information on the internet to indicate any disciplinary actions and their status through a series of codes from our legacy computer system. The discipline documents are added to support and explain actions taken.

As of December 22, 2010, there are approximately 5,241 discipline documents listed on our website. These documents include denial letters, statements of issue, accusations,

petitions to revoke probation, interim suspension orders, PC 23 criminal court practice suspension orders, and final decisions.

Current and past Board members have expressed concern and believe it is vitally important the public is aware of nurses who may pose a danger to the public.

In the last year, BRN staff has received requests to remove discipline documents from our website for a variety of reasons such as: it has been many years since the action was taken, the conviction included in the disciplinary action has been dismissed, expunged, or sealed, it hampers a licensee's ability to find employment, or the licensee is harassed by co-workers.

The BRN has been unable to provide all discipline documents on the website due to limited staff resources and ability to access records quickly. Discipline documents continue to be requested on a routine basis by members of the public if they are not available on the website. When staff requests a file to obtain the discipline documents they are added to the website at the same time they are sent out to the requestor.

DCA and BRN past practice is to retain the documents on the website indefinitely but at least until the BRN no longer has jurisdiction over a licensee.

FULL BOARD RECOMMENDATION ON SEPTEMBER 24, 2010:

Issue returned to the Diversion/Discipline Committee to create a policy for discipline record retention on the internet.

SUB-COMMITTEE RECOMMENDATION ON NOVEMBER 16, 2010:

Outside materials were not provided at the sub-committee meeting and held for next Diversion/Discipline Committee meeting for review and discussion.

ISSUES FOR COMMITTEE CONSIDERATION:

How long should the BRN retain disciplinary materials considered public documents on the website?

Deferred to next Board meeting to allow staff to research additional options for posting timeframes of discipline on the website.

The following people provided a comment:

Trisha Hunter – ANA-C
Denise Burse, RN
Genevieve Clavreul, RN
Camp

9.3 Implementation of Uniform Standards relating to Substance Abuse and Disciplinary Guidelines

S. Berumen presented this report

SB 1441 was chaptered on September 28, 2008, requiring creation of a committee which was comprised of the Department of Consumer Affairs' director, and executive officers from all of the healing arts boards. The committee was to meet to formulate 16 uniform and specific standards for dealing with substance abusing licensees by January 1, 2010.

The 16 standards and their status are as follows:

1. Specific requirements for a clinical diagnostic evaluation.

BRN: Diversion and Probation Programs meet this standard.

2. Requirements for temporary removal of the licensee from practice to complete the clinical diagnostic evaluation and criteria to return to practice.

BRN: Diversion and Probation Programs are partially compliant. Drug testing requirement is determined on a case-by-case basis.

3. Specific requirements that govern the ability of the board to communicate with the licensee's employer.

BRN: Diversion and Probation Programs generally meet this standard.

4. Standards governing all aspects of required testing.

BRN: Diversion and Probation Programs are not meeting this standard as the Board Members have discussed this item at several meetings and are not comfortable that there is scientific evidence to support the new requirements.

5. Standards governing all aspects of group meeting attendance requirements.

BRN: Diversion and Probation Programs generally meet this standard.

6. Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

BRN: Diversion and Probation Programs generally meet this standard.

7. Worksite monitoring requirements and standards.

BRN: Diversion and Probation Programs generally meet this standard.

8. Procedures to be followed when a licensee tests positive for a banned substance.

BRN: Diversion and Probation Programs generally meet this standard.

9. Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

BRN: Diversion and Probation Programs generally meet this standard.

10. Specific consequences for major and minor violations.

BRN: Diversion and Probation Programs generally meet this standard.

11. Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

BRN: Diversion and Probation Programs generally meet this standard.

12. Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

BRN: Diversion and Probation Programs are not currently meeting this standard.

13. Requirements for boards that use private-sector vendor that provides diversion services.

BRN: Diversion Program is working with DCA on contract language.

14. Requirements for boards that use private-sector vendor providing diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

BRN: Diversion Program generally meets this standard.

15. Schedule for external independent audits for boards using private-sector vendors providing diversion services.

BRN: Diversion Program is working with DCA on contract language.

16. Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

BRN: Diversion and Probations Programs are not currently meeting this standard.

We will discuss the standards and provide updated information to the board members.

MSC: Rice/Hoffner Motion to authorize staff to prepare language and notice for a public hearing to consider the adoption of regulations to implement the uniform standards relating to substance abuse and disciplinary guidelines. 3/3/0 – Motion Failed

MSC: Rice/Hoffner Motion to authorize board staff to prepare language and notice for a public hearing to consider the adoption of regulations to implement the uniform standards relating to substance abuse and disciplinary guidelines. Those regulations would specifically provide for two alternatives with regard to the frequency of testing. One being the departments recommendation which is 104 times, and the other based on a case by case basis depending on the needs of the individual probationer and allow staff to make technical changes to the standard terms of probation. 4/1/1

The following people provided a comment:

Trisha Hunter, ANA-C

Brian Stiger, Director DCA

9.4 Enforcement Program Update and Statistics

S. Berumen presented this report

Staff

The Department of Consumer Affairs resubmitted the hiring exemption request for the CPEI positions in December 2010 and the request was denied. The hiring exemption request for CPEI will be submitted to the new administration in the near future. BRN has been charged with extremely strict case completion time frames yet we lack the ability to hire for any of the approved positions.

At last some good news, the Department of Personnel Administration (DPA) approved our special allocation request to hire for the Special Investigator positions and our Enforcement Division Chief (Staff Services Manager III) on January 10, 2011. We have advertised for our special investigator positions and will recruit based on the current hiring limitations.

Since the last meeting we have lost our Citation and Fine Analyst to the Dental Board's Enforcement Program along with two of our three enforcement support staff who are transferring to other units within the BRN before the end of December 2010. The Citation and Fine Program will now be extremely limited due to lack of staff resources and all remaining enforcement staff will have to do their own support staff tasks in addition to managing their cases.

We have advertised for the five limited term positions, the NEC classification, the Complaint Intake Manager and a variety of existing enforcement vacancies and hope we can hire with internal Department of Consumer Affairs (DCA) transfer candidates. In preparation for any type of hiring window the enforcement, probation, and diversion program managers spent almost two full weeks in December 2010 interviewing candidates for all possible vacancies within the Enforcement Division.

We have hired, through department transfer, one of our Complaint Intake analysts (CPEI position) and one of our vacant support staff positions. The new staff members will start at or near the beginning of February 2011. Recruitment will continue for all vacant positions.

We continue to be very concerned that our three existing limited term staff will either be forced to leave state service or return to their previous positions since they will not be able to stay beyond their two year hiring period which will end within the next six months. We have submitted a special hiring exemption request for these three limited term positions on January 11, 2011, as of today we do not have a final response. We will continue to do what we can given the numerous hiring limitations to keep these staff for as long as possible; however, with no guarantees, those individuals may seek employment elsewhere.

Program

On November 16, 2010, Stacie Berumen, Kathy Hodge, Beth Scott and Leslie Brast, BRN liaison DAG met with AGO staff in the Oakland and San Francisco offices. On December 9, 2010, we also met with the Sacramento AGO with Don Chang, BRN legal counsel. These meetings were to go over BRN issues of concern, process changes, and to put some faces with the names. The meetings went very well and we plan to meet on an annual basis with each office to improve our communication and resolve any issues that come up as quickly as possible.

The BRN Enforcement and Probation programs will begin preparing and serving default decisions coming out of the Oakland and San Francisco AG's offices as of December 25, 2010. This will be done under the direction and supervision of attorneys in the DCA legal affairs office. Don Chang has been reviewing default packages prepared by the AGO which include the new evidence packet to develop the policies and procedures which will govern their preparation. As of January 19, 2011, one case is in the process of being prepared for a default decision and should begin be served shortly thereafter.

BRN Investigations

BRN investigators have completed 104 investigation reports; however, our pending investigations continue to add up and are now at 650, as of January 19, 2011. We only have two retired annuitant investigators actively working our cases in Northern California.

We have sent back 33 cases to DOI which were reviewed by the NECs for focused investigations. An additional 69 of our oldest cases have also been sent back to DOI for investigation. DOI has met with Rico Stephan and Stacie Berumen to review and identify cases that will be returned to DOI for investigation. The BRN cases have been identified by zip code and will continue to be referred back to offices who can handle the additional workload.

Statistics

There are 481 pending DOI investigations and 650 pending BRN investigations, as of December 31, 2010. There are 1,174 cases pending at the AG's office which continues to be the highest ever. The BRN is now the AGO's biggest client, surpassing the Contractor's State Licensing Board.

From July 1, 2010 to January 19, 2010, enforcement served 381 accusations. Enforcement prepared nine (9) default decisions from July 1, 2010 to July 26, 2010, prior to the process returning to the AG's office on July 27, 2010.

Please review the two enforcement reports (attachment) which have additional breakdowns of statistical information, including average days to complete certain steps in the enforcement process.

The following people provided a comment:
Brian Stiger, Director DCA

9.5 Probation Program Update and Statistics

S. Berumen presented this report

Staff

The Probation Program has a hired an eligible transfer employee for the vacant Probation Monitor position and she started on January 3, 2011. However, another probation monitor has accepted an offer for one of our CPEI positions in the Diversion Program. As a result, the probation program again has one vacancy for a probation monitor and has initiated recruitment efforts with the limitation of only being allowed to hire DCA lateral transfer

candidates. Additionally, the probation program has a vacant limited term Office Technician position and continues recruitment efforts to fill this vacancy.

Program

On December 16, 2010, the Probation Program staff conducted a probation monitoring workshop for the staff of the Attorney General's office in Oakland and San Francisco. This workshop was designed to share issues regarding monitoring probationers, settlings cases for probation and prosecuting petitions to revoke probation. The workshop received very favorable feedback from AG office staff in attendance with the only caveat that it was too short.

The Probation Program staff continues to participate in designing a multi day course directed towards probation monitors. This course will be comprehensive training to provide actual tools and knowledge for probation monitors state wide. The training is scheduled to be given on February 28 - March 1, 2011. Additionally, the probation staff provided training at the second Enforcement Academy in December.

The Probation Program continues to work on the Nursys discipline data comparison project and will continue to do so until all records have been reconciled against California's records. Updates will be provided at each DDC and Board meeting.

The Probation Program will begin reviewing the Recommended Guidelines for Disciplinary Orders and Conditions of Probation in January 2011. They were last revised in 2002 and are long overdue for cleanup and will incorporate recent legislative and regulatory changes.

The Probation Program began a pilot project with Phamtech Laboratories to determine if the Department wide contract for random drug screening would benefit the program. A limited number of probationers began testing with this vendor and the staff has been monitoring all aspects of the program to ensure they meet BRN monitoring requirements. Issues which have been identified have been brought to Phamtech's attention and are currently being resolved.

STATISTICS

Below are the statistics for the Probation program from October 29, 2010 to January 19, 2011.

Probation Data	Numbers	% of Total
Male	117	25%
Female	351	75%
Chemical Dependency	272	58%
Practice Case	145	31%
Mental Health	3	<1%
Conviction	51	11%
Advanced Certificates	36	8%
Southern California	252	54%
Northern California	216	46%
Pending at the AG	80	17%

License Revoked	4	<1%
License Surrendered	6	1%
Terminated	2	<1%
Completed	18	4%
Total in-state probationers	468	

9.6 Diversion Program Update and Statistics

C. Stanford presented this report

The Nurse Support Group Facilitator's Conference was conducted on December 1, 2010 in Sacramento. It was well attended by the NSG facilitators, the probation and diversion staff, the Maximus case managers, Diversion NEC liaison and the Enforcement Chief. It was an informative and productive conference that opened greater communication between the facilitators, Board staff and the contractor. The history of nurse support groups was provided and information clarifying the facilitators' roles and responsibilities as outlined in the Contract, SB1441, and recommended guidelines for probationers was also provided.

Dr. Donna Smith, the Medical Review officer for First Lab, was the guest speaker for the conference. She served as the Acting Director, Drug Enforcement and Program Compliance, for the U.S. Department of Transportation in Washington, D.C., coordinating the development, implementation, and enforcement of policies and procedures for the transportation industry workplace drug and alcohol testing programs. She also served as Senior Advisor to the Secretary of Transportation for monitoring all components of the DOT and industry drug and alcohol testing programs, as well as coordinating its enforcement and compliance efforts. She was a principal author of the DOT drug and alcohol testing regulations and numerous government publications on drug and alcohol testing procedures. Her particular areas of expertise are in specimen collection, laboratory analysis, medical review officer procedures, employer policy development and implementation, and regulatory compliance.

Dr. Smith explained the significance of the drug testing, EyG testing, out of ranges, and dilutes for RNs in Diversion and Probation and how it fits into the entire picture of monitoring individuals with substance abuse disorders. The information was well received. A copy of the minutes of the NSG meeting, Dr. Smith's Bio, and a copy of her presentation is available upon request.

On December 2, 2010, the Diversion Program also conducted a DEC Orientation Meeting in Folsom. This provided required training for new DEC members to familiarize them with their role and responsibilities related to their appointment and other State requirements. Dr. Smith went into greater depth regarding the significance of monitoring the nurses in Diversion and the testing protocols.

On December 8, 2010, the Diversion Program manager was subpoenaed to testify in Federal Court regarding a case for the Pharmacy Board involving our previous drug testing company's use of EtG, a metabolite of alcohol, in the drug panel and the protocols set up to handle and evaluate those individuals discovered to be positive for the substance. This was a test case as there are several other cases pending involving the use of EtG in

monitoring programs. The jury in this case ruled that the drug testing companies were not negligent in their use of this test and were not negligent in their handling of the plaintiff.

On December 17, Anita Rodriguez was hired as an AGPA for the Diversion Program. Anita will be a great asset to the program as she is transferring from the BRN's Probation unit and comes with experience and knowledge regarding the Board and RNs who have been disciplined for substance abuse or mental illness.

Diversion Evaluation Committees (DEC)

The Diversion Evaluation Committee members are to be commended for their continued support of the Diversion Program despite the fact that due to the state budget many of them were delayed in receiving reimbursement for their travel expenses. Many of them have come to the Board with years of experience in various fields of expertise and are vital to the overall success of the BRN's Diversion Program. Their continued dedication especially during the State's economic crisis is appreciated.

There are currently 9 vacancies as follows: two Registered Nurses, six Physicians, and one Public member. Recruitment efforts continue.

Statistics

Attached is the Monthly Statistical Summary Report for October and November, 2010. As of November 30, 2010, there were 1,522 successful completions.

9.6.1 Committee Member Term Resignations

9.6.2 Diversion Evaluation Committee Members

10.0 Report of the Education/Licensing Committee

Catherine Todero, PhD, MSN, ANP-C, RN Chairperson

10.1 Ratify Minor Curriculum Revision

M. Minato presented this report

- California State University Chico, Baccalaureate Degree Nursing Program (LVN to BSN Option)
- California State University Fresno, Baccalaureate Degree and Entry Level Master's Degree Nursing Program
- California State University San Marcos, Baccalaureate Degree Nursing Program
- University of San Francisco, Baccalaureate Degree Nursing Program
- Chabot College, Associate Degree Nursing Program
- College of Marin, Associate Degree Nursing Program
- College of the Sequoias, Associate Degree Nursing Program
- Golden West College, Associate Degree Nursing Program
- Mt. San Antonio College, Associate Degree Nursing Program
- Mt. San Jacinto College, Associate Degree Nursing Program
- Unitek College, LVN to RN Associate Degree Nursing Program
- Yuba College, Associate Degree Nursing Program

Progress Report:

- California State University Sacramento, Baccalaureate Degree Program
- United States University, Entry Level Master's Degree Nursing Program

MSC: Corless/Graves that the Board ratify Minor Curriculum Revisions and Progress Report.
6/0/0

10.2 Major Curriculum Revision

M. Minato presented this report

- California State University Dominguez Hills, Entry Level Master's Nursing Program
- University of Phoenix, LVN to Baccalaureate Degree Nursing Program at Modesto
- Napa Valley College, Associate Degree Nursing Program

MSC: Rice/Hoffner that the Board ratify Major Curriculum Revisions. 6/0/0

10.3 Accreditation of Prelicensure Nursing Programs

M. Minato presented this report

During the regulatory process for the recently approved education regulations, the concept of requiring accreditation of all prelicensure nursing programs was raised. Several commentators submitted public comments on the proposed regulations recommending an accreditation requirement. Specifically, two organizations (American Nurses Association-California and California Nurses Association) and two individuals (Baker and O'Rourke) recommended that the Board require institutions of higher education be accredited by a regional or national accrediting organization such as Western Association of Schools and Colleges (WASC). Reasons stated for recommending the proposed requirement included: 1) accreditation is in the public interest; 2) is a requirement for other types of healthcare professionals' education; 3) assures quality of the institution; 4) provides consistent standards; 5) increases potential for transferability of units; 6) ensures that the institution provides an environment that supports broad education and intellectual stimulation; and 7) facilitates students' access to federal financial aid. The Board voted to accept the comments and to promulgate a separate regulatory proposal requiring that institutions of higher education be accredited, and at its November 2010 meeting, the Board referred the issue of accreditation of these institutions to this Committee.

Staff has researched and discussed the issue and is submitting the following proposal:

PROPOSED ACCREDITATION REQUIREMENT: The institution of higher education offering the nursing program, or the institution of higher education with which the nursing program is affiliated, must be institutionally accredited by the Junior/Community College or Senior College Division of the Western Association of Colleges and Schools or a regional counterpart. Existing programs that do not meet the requirement must, within a specified

time period yet to be determined: 1) apply for regional accreditation; 2) submit reports to the Board detailing the institution's progress in achieving the requisite accreditation; and 3) become fully accredited.

SUPPORTING BASIS FOR REGIONAL INSTITUTIONAL ACCREDITATION REQUIREMENT:

A variety of reasons for requiring institutional accreditation have already been provided and a brief presentation on "accreditation" and the staff discussion regarding research findings that produced this proposal will be provided at the meeting. There are six regional accrediting organizations, including WASC, and a number of national accrediting organizations which offer institutional accreditation. Regional institutional accreditation is recommended for the following reasons:

1. Transferability of Academic Credit - The most compelling reason for WASC/regional accreditation is the increased potential for transferability of academic credit, particularly to public colleges and universities. Each institution of higher education determines its own standards for acceptance of transfer of academic credit, but regional accreditation is frequently one of the standards. Transferability of credit becomes an issue for prelicensure registered nursing students who wish to transfer from one nursing program to another to complete their prelicensure education and for registered nurses who wish to pursue additional education/degrees.

In addition to impeding students' academic progress, inability to transfer academic credits also creates a financial burden for students by requiring that they pay twice for the same course(s).

2. Focus on Degree-Granting Colleges and Universities - Registered nursing is a profession, the practice of which is based on nursing, natural, behavioral, and social sciences, responsive to patient/client needs which have become increasingly complex, and involves independent and interdisciplinary decision making. O'Rourke commented that prelicensure nursing programs should be able to provide an environment that supports a broad education and the intellectual stimulation needed to refine student decision making. Accordingly, an agency accrediting institutions of higher education for Board-approved prelicensure program should be focused on institutions that offer degrees and not certificates; WASC meets this criteria.

3. Comparability with Accreditation Requirement for Other Professions: Institutions of higher education providing education for other professions, including physicians, psychologists, social workers, and teachers, are required to be regionally accredited.

4. Comparability with Accreditation Requirement for Public Institutions of Higher Education: All California public institutions of higher education are required to be accredited by WASC.

5. Degree Granting Authority: Private postsecondary institutions must be approved by the Bureau of Private Postsecondary Education (BPPE) to grant degrees; WASC-accredited institutions are exempt from this requirement.

FISCAL IMPACT ON EXISTING AND PROPOSED PROGRAMS/SCHOOLS:

Existing programs and future programs applying for BRN approval would have expenses incurred related to seeking and obtaining WASC accreditation. There are currently eight Board-approved programs in institutions of higher education that are not WASC accredited; four of these are in the process of seeking WASC accreditation. There are nine institutions seeking Board approval that are not WASC accredited. Information regarding these institutions' current accreditation status is listed in the attached table. (See attachment 01)

Fees for WASC accreditation vary based on the institution's FTEs, number of campuses and other factors. Fee schedules seem to be comparable to those of other accrediting bodies.

PROPOSED PROCESS

PUBLIC FORUMS: Hold public forums in April or May 2011 on the proposed accreditation requirement with request for comments including: a) response to the above requirement; b) reasonable/feasible timeframe for compliance by existing programs that do not meet the accreditation requirement; and c) alternative proposals to the accreditation requirement with rationale for the proposal. It is recommended that public forums are held in four locations: Sacramento, central California, Los Angeles and San Diego.

MSC: Hoffner/Ware that the Board approved the Requirement for Accreditation of Prelicensure Nursing Programs. 6/0/0

10.4 Goals and Objectives 2011-2013

M. Minato presented this report

GOAL 1

Ensure that programs of nursing education meet regulatory requirements and that curriculum integrates content to address recent political, technical, economic, healthcare and nursing practice developments.

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine if they meet regulatory requirements and reflect current trends in healthcare and nursing practice.
- 1.2 Evaluate BRN policy statements to ensure they are accurate and current, and update as needed to reflect current statute, regulation and policy.
- 1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum.
- 1.4 Gain awareness of current political, technical, economic, healthcare and nursing practice trends through attendance at and participation in educational conferences and various committees within California and nationally.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
- 1.6 Monitor nursing program content for curricular application/inclusion of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the

Transformation of Nursing Education, and the Quality and Safety Education for Nurses (QSEN) Competencies.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 Support creative approaches and strategic partnerships between nursing education programs, healthcare industry and the community, such as transition to practice and post-licensure residency programs, to prepare registered nurses to meet nursing and community needs.
- 2.2 Review NPA regulations for congruence with current nursing education, practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will ensure the high quality of nursing education. Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.
- 2.3 Evaluate the use of technology in teaching activities, such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences, for effectiveness and encourage its use in nursing programs.
- 2.4 Encourage and support programs' development of articulation agreements and other practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.
- 2.5 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists to support implementation of the Health Care Reform Act of 2009

GOAL 3

Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others.

- 3.1 Collaborate with the University of California San Francisco in conducting the consolidated online annual school survey of the prelicensure nursing education programs in California. Publish survey results on the BRN Website.
- 3.2 Maintain and analyze systematic data sources related to prelicensure and advanced nursing education, including the use of simulation, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.
- 3.6 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice to evaluate the effectiveness nursing education programs in preparing graduates for practice.
- 3.7 Analyze data captured by the CA BRN Survey of Nurse Practitioners and Midwives 2010 and the Survey of Clinical Nurse Specialists, and publish the results on the BRN website.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice programs.

- 4.1 Conduct an annual orientation for new directors and an annual update for both new and continuing directors.

- 4.2 Maintain open communication and provide consultation and support services to nursing programs in California.
- 4.3 Present BRN updates at the quarterly ADN Directors' Meetings, annual CACN/ADN Meeting, and other venues as appropriate.
- 4.4 Maintain open communications with advanced practice education program directors and seek input related to current advanced practice issues such as the implications of the Health Care Reform Act of 2009.
- 4.5 Conduct biennial meetings with advanced practice program directors to provide updates and foster discussions pertinent to advanced practice in California.

GOAL 5

Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.

- 5.1 Review and consider for approval all new and renewal applications for CE providers.
- 5.1 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
- 5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

GOAL 6

Continue the assessment and review of the NCLEX-RN examination process, and maintain a collaborative relationship with the National Council of State Boards of Nursing.

- 6.1 Conduct periodic review of the NCLEX-RN examination process to ensure established security and other testing standards are met.
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
- 6.3 Participate in various NCSBN committees and conferences to maintain representation from California.
- 6.4 Continue to monitor NCLEX-RN administration by the testing vendor.
- 6.5 Continually monitor and report California and national NCLEX-RN first time pass rates of California candidates, including results for internationally educated candidates.
- 6.6 Contribute to the NCSBN's Transition to Practice Study, ensuring a voice for California stakeholders.
- 6.7 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as requested or appropriate.

10.5 2010 Goals and Objectives: Summary of Accomplishments

M. Minato presented this report

GOAL 1

Monitor nursing programs to ensure that key trends and forces in the external environment that affect nursing are identified and incorporated into nursing regulations and education programs. (Political, technical, economic and healthcare trends)

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine if they meet regulatory requirements and reflect current trends in healthcare and nursing practice.
- 1.2 Monitor education programs' use of BRN advisory and policy statements.

- 1.3 Validate that nursing educational programs include in their curriculum the Scope of Practice of Registered Nurses in California and the Standards for Competent Performance (CCR 1443.5).
- 1.4 Participate in educational conferences and various committees within California and nationally when appropriate.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.

ACHIEVEMENTS:

- Continuing approval visits are conducted to prelicensure and advanced practice nursing programs every eight years. In 2010, a total of 19 nursing programs were reviewed for continuing approval: 16 pre-licensure programs (12 ADN, 3 BSN, 1 ELM); and 3 advanced practice programs (2NP; 1CNM).
- A one-day interim visit is scheduled and conducted every four years between the continuing approval visits. 20 scheduled interim visits were conducted and additional visits were conducted as needed for special focus visits.
- 16 letters of intent for new prelicensure programs were received during 2010.
- 9 feasibility studies were reviewed by the ELC, 5 were accepted (4 ADN, 1 BSN) and 4 feasibility studies were deferred or not accepted, including 3 programs that submitted their feasibility study more than once.
- 6 new programs were granted initial approval: 5 prelicensure (3 ADN, 1 VN-BSN, 1 BSN) and 1 advanced practice.
- Programs' inclusion of RN Scope of Practice and Standards for Competent Performance is evaluated during continuing approval visits.
- Many BRN NEC staff have regularly participated in program deans/directors meetings and other conferences, and this activity has been routinely reported to the Board on a quarterly basis as part of the Executive Officer's report.
- Legislation affecting nursing education is addressed as part of the BRN Legislative Committee's agenda.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 Support strategic partnerships and creative approaches to prepare registered nurses between nursing education and the healthcare industry to meet needs of nursing education and community.
- 2.2 Review NPA regulations for congruency with current nursing education and reflect current trends in nursing education and practice.
- 2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.
- 2.4 Evaluate the effectiveness of the use of technology teaching activities such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences, and encourage its use in nursing programs.
- 2.5 Revise guidelines for the utilization of simulated clinical experiences in nursing education.
- 2.6 Encourage and support development of articulation agreements among nursing programs.
- 2.7 Encourage and support graduate nursing education programs to prepare nurse-educators.

ACHIEVEMENTS:

- The review/revision process for Title 16. Division 14. Article 3. Schools of Nursing regulations was completed and approved by the Office of Administrative Law. The approved regulations became effective October 21, 2010.
- Use of simulated clinical experiences was evaluated and addressed in the regulatory revisions completed this year.
- Supported the development and implementation of the Northern California area Transition to Practice Program, a pilot program collaboration between prelicensure nursing programs and healthcare employers to benefit new graduates who are experiencing delays in finding employment. Continued support is being provided for development of a similar program in Southern California.

GOAL 3

Reports and data sources related to nursing education in California are made available to nurse educators, the public, and others.

- 3.1 Collaborate with the University of California San Francisco in conducting the consolidated online annual school survey of the prelicensure nursing education programs in California. Publish survey results on the BRN Web site
- 3.2 Maintain and analyze systematic data sources related to prelicensure, including the use of simulation in nursing education, and advanced nursing, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.
- 3.6 Utilize the Board's analysis of entry level RN practice to evaluate the effectiveness of prelicensure nursing education programs in preparing graduates for practice.

ACHIEVEMENTS:

- Results from the 2008-09 Annual School Report were analyzed, presented to the Board and posted on the web site.
- The BRN Annual School Survey 2009-10 instrument was reviewed, updated to include questions regarding scope of clinical experiences allowed by program's clinical agency partners, and distributed.
- Results from the 2008-2009 Post-Licensure Program Annual Report were analyzed, presented to the Board and posted on the web site.
- The 2009-2010 Post-Licensure survey instrument was reviewed, updated and distributed.
- The programs' NCLEX exam first time candidate pass data is posted on the BRN web site.
- A list of approved programs with links to those programs' sites is maintained on the BRN web site.
- Education Advisory Committee met. Attendees included nursing program directors from various nursing program types including public and private schools, community colleges, CSU and UC, and representatives from other nursing related agencies. The BRN Annual School Survey instrument was reviewed/revised and education issues related to budget cuts were discussed.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice programs.

- 4.1 Provide deans and directors with information on the educational approval processes and requirements.

- 4.2 Apply uniform approval criteria and evidence standards when reviewing prelicensure and advanced practice nursing programs.
- 4.3 Conduct an annual orientation for both new and current directors.
- 4.4 Update Director Handbook annually and distribute on CD-R or hard copy to each prelicensure nursing program as needed.
- 4.5 Maintain open communication, consultation, and support services to nursing programs in California.
- 4.6 Present BRN updates at the quarterly ADN Directors' Meetings and the annual CACN/ADN Meeting, and as appropriate.
- 4.7 Maintain open communications with advanced practice educational program directors and seek input related to current advanced practice issues such as advanced pharmacology course regulations.
- 4.8 Conduct biennial meetings with advanced practice program directors to provide updates and foster discussions pertinent to advanced practice in California.

ACHIEVEMENTS:

- The New Program Director orientation and Program Director Annual Update were presented on October 6, 2010 in conjunction with the annual COADN/CACN conference.
- Nursing Education Consultants provide consultation to programs as needed and/or requested through scheduled and unscheduled visits as well as in-person, phone or electronic consultation upon request by the program.
- BRN staff have attended meetings of COADN, CACN, CINHC and other groups as requested to share information and collaborate in problem-solving.
- The nursing program Director's Handbook was updated and distributed to all prelicensure programs.

GOAL 5

Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.

- 5.1 Approve all new or renewal applications for CE providers.
- 5.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
- 5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

ACHIEVEMENTS:

- Staff continues to perform all activities related to processing new and renewal applications for CE providers, random audits of RN's continuing education compliance and appropriateness of courses, and random reviews of CE providers.

GOAL 6

Continue the assessment and review of the NCLEX-RN examination process, and maintain collaborative relationship with the National Council of State Boards of Nursing.

- 6.1 Conduct periodic review of NCLEX-RN examination process to ensure established security and other testing standards are met.
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.

- 6.3 Participate in various NCSBN committees to maintain representation from California.
- 6.4 Continue to monitor NCLEX-RN administration by the testing vendor.
- 6.5 Continually monitor and report NCLEX-RN first-time pass rates of California candidates.

ACHIEVEMENTS:

- Current NCLEX-RN national and state first time candidate pass data was presented and discussed at each ELC meeting.
- The BRN Executive Officer and staff have attended and participated in various NCSBN meetings and committees.
- BRN staff served as Chair for the NCSBN Continued Competence (CC) Committee in 2009-10 and presented the CC Guiding Principles at the 2010 NCSBN Annual Delegate Assembly meeting. The four principles were unanimously adopted as proposed.
- BRN staff served on the NCSBN Regulatory Networking Panel at the 2010 NCSBN Annual meeting.
- A BRN staff member has been appointed to the newly established NCSBN Nursing Education Committee for a two year term.
- BRN staff worked in conjunction with NCSBN staff and California nurse educators to present one NCSBN Faculty Regional NCLEX Test Development workshop in California for one hundred California nurse educators.
- Five years of annual NCLEX-RN first time candidate pass rates for each school are posted on the BRN web site and continuously available to the public.

10.6 Licensing Program Overview and Statistics
Information Regarding Out of Country Applicants

M. Minato presented this report

Program Update:

The Board of Registered Nursing Licensing Program has been processing applications for graduates wanting to take the NCLEX-RN. From October 1, 2010 through December 14, 2010, the Board received 2,497 applications from new graduates who attended California nursing programs and 147 applications from new graduates who attended out of state nursing programs. Of these applications, 521 California graduates and 28 out of state graduates have been found eligible for the NCLEX-RN. There have been 77 California graduates and 9 out of state graduates permanently licensed.

The difference between the number of applications received and the number of applicants made eligible is because California graduates cannot be found eligible for the examination until the date of graduation or completion of nursing requirements, as provided by the nursing program has occurred. An out of state graduate cannot be found eligible for the examination until an official transcript, with degree posted, has been received and evaluated.

Because the processing of applications is on-going, an update of the number of new graduates found eligible and licenses issued will be provided at the February Board Meeting.

Statistics:

The Department of Consumer Affairs, in conjunction with the Board, continues to provide statistical reports to the Governor's Office and the State and Consumer Services Agency on a monthly basis for the Licensing and Job Creation Report. This project has been on-going since January 2010 and the Board has been an active participant in meeting the goals of the program to contribute towards California's job growth through expeditious and efficient processing of professional pending examination and licensing applications.

The statistics for the last two fiscal years and the first five and one-half months of Fiscal Year 2010/11 are attached. You will note that there is a decrease in the number of applications for examination, endorsement and repeaters during the last two fiscal years. It is believed that this is due to the economic slowdown and the Boards no longer accepting applications that do not include a United States Social Security Number.

Issues:

- The International Analysts have seen an increase in the number of fraudulent documents. These documents include transcripts allegedly being sent from nursing schools and copies of registered nursing licenses sent by applicants. While the number of applications has decreased, the time needed to analyze the applications and supporting documents has increased.
- Online programs that offer degrees based on life and/or work experience. The applicant can earn a degree in as little as seven (7) days. The websites state that there is no attendance required, no course materials, no examinations, and no waiting to get into the program.

Out of Country Applicants:**Issues:**

While the Licensing Program has experienced a decrease in the number of applications for applicants educated out of the country, the level of difficulty in analyzing these applications has increased.

The Licensing Analysts review documents from nursing programs all over the world. While the documents differ in format from each country, there are consistencies within each country that the analysts are familiar with. The following is a sample of some of the difficulties the Licensing Analysts deal with on a daily basis.

Philippines

There are "blended" programs where applicants complete the theoretical portion of the program online and then travel to the Philippines to complete the clinical portion. Theoretical course work and clinical practice are not taken concurrently, as required by California Code of Regulations section 1426(d).

Questionable nursing licenses have been received. Staff accesses the Professional Regulations Commission (PRC) in the Philippines to determine if the applicant took the nursing examination. We also receive information from the PRC as to the latest license

number issued and can determine if the license we received begins with a number that has not been issued.

Questionable transcripts have been received that look similar to those from a traditional four-year program. Staff corresponds with nursing programs to verify if the applicant attended the specific program and received a degree.

Haiti

Documents received from the nursing schools are questionable. We have received curriculums from three different schools; however, all course descriptions, student's grades and the number of theoretical and clinical practice hours are identical, no matter when the student attended the program. We cannot obtain official documentation from the Ministry of Public Health and Population to verify approved nursing schools in the country

Ethiopia

Until recently staff was not aware of different levels of nursing programs in Ethiopia. These programs are Junior Clinical Nurse or Clinical Nurse which is an occupational title for a lower level nurse. Staff is attempting to obtain clarification of these programs from the Ministry.

Nigeria

Within the last year the Board has been receiving diplomas from nurses educated in Nigeria. Up until that time, the Board only received licenses from nurses. We are attempting to obtain clarification from the Ministry in Nigeria as to why we are no longer receiving licenses.

Russia and former Republics

We have questions regarding the programs in general. Transcripts are not presented in semesters or quarters per year. When a program curriculum is requested, the documents that are received do not provide detailed descriptions of the course work.

Applicants must complete State Examinations at the end of the program. We have confirmation from the Ministry of Health that Obstetrics is not a State Examination required for nursing students; however, no matter when a student completed their nursing programs this is one of the State Examinations they have completed.

China

We have concerns regarding theoretical and clinical practice. In some programs the student completes the majority of their clinical practice in the third year, with only Minimal clinical training in the first two years. This is a concurrency issue.

10.7 2009-2010 Annual School Report

M. Minato presented this report

The BRN 2009-2010 Annual School Survey was conducted from October 1, 2010 to November 15, 2010. The survey was conducted on behalf of the Board by the Research Center at the University of California, San Francisco. The Annual School Report (provided under separate cover) includes data on enrollments, graduations, faculty, etc.

from California pre-licensure nursing programs. The report also includes historical data from past years of the survey where available.

11.0 Report of the Nursing Practice Committee

Kathrine M. Ware, MSN, ANP-C, RN, Chairperson

11.1 Report on Goals and Objectives 2010

J. Wackerly presented this report

GOAL 1 In support of the consumer's right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.

Objective 1.1 Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.

Nursing Education Consultants respond frequently to telephone and e-mail questions regarding unlicensed practices. The NEC staff received and reviewed questions from acute care hospitals. In some instances questions arise when technicians by virtue of their job description are performing functions requiring a nursing license. The NEC provides explanation regarding RN scope of practice and refers to BPC §2725.3 functions performed by unlicensed personnel does **not** allow unlicensed personnel in acute care to perform licensed nursing functions. The person inquiring about RN scope of practice and unlicensed personnel functions is many times referred to the Department of Public Health, Licensing and Certification for follow up.

Other frequently asked questions are in regard to supervision of unlicensed assistive personnel or technicians performing assigned tasks. The RN is often times referred to the Standards of Competent Performance, CCR §1443.5 (4).

GOAL 2 Promote patient safety as an essential and vital component of quality nursing care.

Objective 2.1 Engage and dialogue with recognized national experts in supporting patient safety in what individuals and organizations have done and what remains to be done. For example just culture and root cause analysis, failure mode and effect analysis, human factor and systems factor.

At the February 24, 2010 Practice Committee meeting Suzanne Graham, PhD, RN, Director of Patient Safety, California Regions, Kaiser Permanente presented Managing Error in a Just Culture. A panel of representatives from Kaiser Permanente presented their work implementing Kaiser's Just Culture methodology. The Kaiser representatives included Anita Zunita, RN, MSN, Regional Executive Director Patient Care Services for Northern California and Judy Husted, RN, MS, Healthcare Administration, Director Patient Care Services, Regional Operations Southern California Kaiser Foundation Hospital and Health Plans. Also in attendance were representatives from the United Nurses Association of California/United Health Care Professionals were

Barbara I. Blake, RN, UNAC/UHCP and Denise Duncan, RN, UNAC/UHCP. The representative described how they participate in the "just culture environment" at Kaiser Southern California.

Objective 2.2 Monitor patient and resident safety activities as a component of quality nursing care such as health care errors, competency, patient outcomes, stakeholders, nursing shortage, ethics, lifelong learning, nursing standards, licensure, safety legislation, magnet hospitals.

BRN staff working with Joanne Spetz, PhD, University of California, San Francisco Center for Health Professions are working to complete a BRN report on the study of California RNs who either began or extended probation in 2004-2005. The study is based on one published work by the American Journal of Nursing, published in 2009. A 29-item data extraction template was used to obtain data on the characteristics of the disciplined nurses, their employment settings, board actions, and remediation outcomes. The plan is for Joan Spetz to present the study outcomes at the Board's February 2011 meeting.

At the November 16, 2010 Practice Committee meeting a presentation was given by Liana Orsolilini-Hain PhD, RN, CCRN, committee member on the Robert Wood Johnson Foundation Initiative. Ms. Orsolilini-Hain gave an overview of the Institute of Medicine and Robert Wood Johnson Foundation Initiative on the Future of Nursing. The Committee's charge is to examine and produce recommendations related to the goal of identifying vital roles for nurses in designing and implementing a more effective and efficient health care system.

On November 30, 2010, the Practice Committee Chair and NEC staff participated in person and by webcast attended the California Awareness Meeting: Robert Wood Johnson Foundation Initiative on the Future of Nursing, Campaign for Action held at UCD Education building. Members of the California Regional Action Coalition, presenters and other participants were recognized for their thoughts, ideas, insights and other significant contributions. Stay informed website: www.thefutureofnursing.org

GOAL 3 **Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.**

Objective 3.1 Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.

Committee Liaison presenter at Asilomar COADN Conference April 23, 2010 BRN Update: Current Issues and Trends. Audience was nursing program faculty and nursing administrators.

At the July 13, 2010 Practice Committee meeting Dr. Nancy Cowen MS, EdD, RN Director at Chabot College and Vicky Maryatt, MSN, RN, President of the Northern California Associate Degree Nursing Director's group provided results of a survey of northern Associate Degree Nursing Programs regarding barriers to nursing student clinical practice. In spring 2010, many northern nursing programs were notified of loss of clinical placements in acute care units, OB, and mental health, medical/surgical and geriatrics nursing units. At the time of the July 13, 2010 Practice Committee meeting clinical placements for fall have not been confirmed. An increasing barrier to clinical nursing for students involves restrictions on performing glucometer testing (blood glucose), access to electronic medication record, and limiting Bar Code Medication Administration. Faculties are experiencing changes in acute care where nursing students learning opportunities have been declining in some hospitals. Due in part to this report of the northern ADN directors and reports at Practice Committee, the Annual School Survey will survey these barriers to student nurse practice and provide a more comprehensive report. The Annual School Survey results should be available in early 2011.

Committee liaison presented on RN Scope of Practice Issues at Kaiser Permanente educational program for Triage/Advice Nursing September 9 and 16, 2010 in Lafayette California.

Nursing Education Consultants attended Magic in Teaching, a two day educational program, produced by California Institute for Nursing and Health Care and the BRN, October 20 and 21, 2010 in San Francisco.

GOAL 4

Objective 4.2

Identify and implement strategies to impact identified trends and issues.

Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.

At the February 24, 2010, the Practice Committee reviewed advisories based on Legislation Enacted in 2008-2009 Session.

- (1) SB 819 (McCloud, Omnibus Bill) added Section 2835.7 To Business and Professions Code authorizing nurse practitioners in approved standardized procedures to order durable medical equipment, certify disability after performance of a physical examination and collaboration with the physician, and home health services after consultation with the treating physician.
- (2) AB 1116 (Carter, 509) Section 1638.2 & Section 2259.8 enacts to Business and Professions Code Cosmetic Surgery, the Donda West Law. The patient receives an appropriate physical examination by a physician, **nurse practitioner**, physician assistant, dentist and the examination

includes a medical history. The examination may be performed in advance of the surgery but not more than 30 days.

- (3) SB 112 (Oropeza, Chapter 559) Hemodialysis Technicians. Implementing federal Medicare by April 15, 2010 requirement for hemodialysis technician certification to meet certain educational requirements and successfully pass a standardized test.

Objective 4.3 Review and revise current BRN advisory statements and recommend new advisory statements as needed to clarify standards of nursing practice.

At the November 16, 2010 Practice Committee meeting the members reviewed 13 nursing advisories and forwarded those 13 advisories for Board approval on November 17, 2010. The advisories were approved by the Board and are as follows: Abuse Reporting Requirements, Background Checks for Student Clinical Placement, California Nursing Practice Act, Complaint Disclosure Policy, Continuing Education for License Renewal, Good Samaritan, Interim Permittee, Information about Medical Assistants, License Information, Nurse Practitioners and Nurse-Midwives- Supervision of Medical Assistants, Residential Care for the Elderly Employee, RCFE, Training for Self-Administration of Medication, Unlicensed Assistive Personnel, and Use the title: Registered Nurse.

GOAL 5 Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.

Objective 5.1 Support and promote full utilization of advanced practice nurses.

At the February 24, 2010 Practice Committee meeting two nurse practitioner advisories were revised based on enacted Legislation 2008-2009, adding to Business and Professions Code, Section 2835.7. Authorized Standardized Procedure were reviewed and forwarded to the Board for approval. The Board approved the advisories and they are as follows:

- (1) Nurse Practitioner: Laws and Regulations
- (2) General Information: Nurse Practitioner Practice

Objective 5.2 Monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention and managing patients through the continuum of care.

BRN staff, APRN practitioners, and Joanne Spetz and other research staff from the University of California, San Francisco Center for Health Professions developed a survey tool to be sent to Nurse Practitioners, Nurse-Midwives and Clinical Nurse Specialist to collect data on demographics, education, employment, practice, and standardized procedures used by APRNs in California. There has not been much data collected from these APRNs

nationally or in other states. The results of the survey will be available summer 2011.

Objective 5.3 Actively participate with organizations and agencies focusing on advanced practice nursing.

Staff participates with APRN Networking Group via telephone with the National Counsel State Board of Nursing.

Objective 5.4 In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.

At the May 18, 2010, Practice Committee meeting, Colleen Keenan PhD, RN, CANP Board of Director, Chair Practice Committee presented the APRN Regulatory Consensus: Issues for Nurse Practitioners.

11.2 Registered Nurse Advisories

J. Wackerly presented this report

- Abandonment of Patients
- An Explanation of the Scope of RN Practice Including Standardized Procedures
- RN Tele-Nursing and Telephone Triage
- Standardized Procedures Guidelines
- Standards of Competent Performance

MSC: Ware/Todero accepted the above Nurse Advisories. Remaining Advisories as written below will be tabled for review. Discussion at next Committee meeting. 6/0/0

- Complementary and Alternative Therapies in Registered Nursing Practice
- Nursing Student Workers
- Reproductive Privacy Act
- The RN as the First Assistant to the Surgeon

12.0 Public Comment for Items Not on the Agenda

Melanie Balestra, CA Association for Nurse Practitioners

Nancy Spradling

Kathy Hunderberg, CA School Nurses Association

Kelly Green, CNA

Trisha Hunter, ANA-C

13.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions

Meeting adjourned at 2:45 pm. J. Graves, Board President, called the closed session meeting to order at 3:05 pm. The closed session adjourned at 4:32 pm

Thursday, February 3, 2011 – 9:00 am

J. Graves, Board President, called the meeting to order at 9:03 am and had the Board Members introduce themselves.

14.0 Public Comment for Items Not on the Agenda

15.0 Disciplinary Matters

Reinstatements

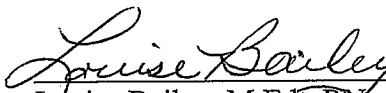
Karen Boremi
Angela Ngoma

Termination of Probation

Meredith Fresquez
Susan McArthur
Evita San Jose
Sheri Winter

Decisions are pending until final orders are received from the Administrative Law Judge with the Office of Administrative Hearings.

Meeting adjourned at 10:45 am. J. Graves, Board President, called the closed session meeting to order at 11:00 am. The closed session adjourned at 11:45am


Louise Bailey, M.Ed., RN
Executive Officer


Jeannine Graves, RN
Board President

Board Approved Prelicensure Programs Non-WASC Accredited

Program Name	Program Type	Location	Accreditation	Approval	Comments
American University of Health Sciences	BSN	Signal Hill	ACICS	BPPE, BRN	
Everest College	ADN	Ontario	ACICS	BPPE, BRN	
Kaplan College (aka Maric)	ADN	San Diego	ACCSC	BPPE, BRN	
Shepherd University	ADN	Los Angeles		BPPE, BRN	WASC accred. in process
Unitek	ADN	Fremont	ACCSC	BPPE, BRN	
West Coast University	ADN, BSN	Ontario-Inland Empire	ACICS	BRN	WASC accred. in process
West Coast University	ADN, BSN	North Hollywood-LA	ACICS	BPPE, BRN	WASC accred. in process
West Coast University	ADN, BSN	Anaheim-Orange City	ACICS	BPPE, BRN	WASC accred. in process

Institutions Seeking Board Approval for Prelicensure Programs Non-WASC Accredited

Institution Name	Program Type	Location	Accreditation	Approval	Status (FS-Feasibility Study)
American Sports University	BSN	San Bernardino		BPPE	FS ELC 1/11
Career Care Institute	ADN	Laurel	ABHES	BPPE	FS ELC 1/11
Career Network Institute	ADN	Costa Mesa	ABHES	BPPE	FS - Board 9/10
Four-D College	ADN	Colton	ABHES	BPPE	FS - Board 5/10
Institute of Medical Education	ADN	San Jose	ACICS in process	BPPE	FS - Board 9/10
ITT Technical Institute	ADN	Rancho Cordova	ACICS	BPPE	FS - Board 9/10
Mission Career College	ADN	Riverside		BPPE	FS - Staff 9/10
Pacific College	ADN	Costa Mesa	ACCSC	BPPE	FS - Staff 8/09
UCI College	ADN	Irvine	ACCSC, ACCET		FS - Staff 10/09

Accreditation Key: ABHES = Accrediting Bureau of Health Education Schools

ACCSC = Accrediting Commission of Career Schools and Colleges

ACCET = Accrediting Council for Continuing Education and Training

ACICS = Accrediting Council for Independent Colleges and Schools

Approval Key: BPPE = California Bureau of Private Postsecondary Education

BRN = CA Board of Registered Nursing

Accreditation/Approval information sources: Program websites, www.wasc.org member directory, www.acsc.org member directory, www.bppe.ca.gov Directory of BPPE Approved Schools, discussion with some program directors, www.m.ca.gov BRN list of approved schools